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FAX NO.: (571) 273-8300

FROM: Terry W. Kramer
KRAMER & AMADO, P.C.

DATE: January 23, 2006

SUBJECT: U.S. Patent Application
Title: METHOD AND APPARATUS FOR CONTROLLING A
MEDIA PLAYER BASED ON USER ACTIVITY
Serial No.: 09/821,183
Attorney Docket No.: US010105

PAGES: INCLUDING COVER PAGE (19)

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Message: Submitted herewith are the following:

- Transmittal Form (1 page)
- Fee Transmittal Form (1 page)
- Credit Card Form for \$ 790.00 (1 page)
- Request for Continued Examination (1 page)
- Amendment (13 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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| | | | |
|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/821,183 | |
| | Filing Date | March 29, 2001 | |
| | First Named Inventor | Srinivas Gutta | |
| | Art Unit | 2617 | |
| | Examiner Name | Justin E. Shepard | |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | US010105 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Kramer & Amado, P.C. | |
| Signature | <i>[Signature]</i> | |
| Date | January 23, 2006 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | Russell A. Belick | |
| Signature | <i>[Signature]</i> | Date 1-23-06 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 23 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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| | | | |
|---|--|---------------------------------|-------------------|
| <p>Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3> | | <p>Complete if Known</p> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/821,183 |
| | | Filing Date | March 29, 2001 |
| | | First Named Inventor | Srinivas Gutta |
| | | Examiner Name | Justin E. Shepard |
| | | Art Unit | 2617 |
| TOTAL AMOUNT OF PAYMENT | | (\$) \$790.00 | |
| | | Attorney Docket No. | US010105 |

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for continued examination (RCE) (see 37 CFR 1.114) \$790.00

| | | |
|-------------------|------------------------|--|
| SUBMITTED BY | | |
| Signature | <u>Terry W. Kramer</u> | Registration No. 41,541 (Attorney/Agent) |
| Name (Print/Type) | Terry W. Kramer | Telephone (703) 519-9801 |
| | | Date <u>1/23/2006</u> |

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